

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11710 254

1. PLACE OF DEATH:

County Queen Anne
 City or town Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Alice Sturges Davenport

3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FWWidowed6. (b) Name of husband or wife Julius Bates Davenport7. Birth date of deceased (mo., day, yr.) June 17, 18628. AGE: Years Months Days If less than one day
86 4 14 hrs. min.9. Birthplace New York City, N.Y.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name William Curry Sturges13. Birthplace New York City, N.Y.14. Maiden name Jane Freeman15. Birthplace New York City, N.Y.16. Informant Mrs. Thomas MarsolieAddress Queens town, Md.17. Burial Date thereof Nov. 3-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreenwoodLocation Brooklyn New York18. Funeral director Tractor BrosAddress Centerville Maryland19. Nov. 1 19 48 Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 19 48 at 1:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17 19 48 to November 1 19 48 and that I last saw him alive on November 1 19 48Immediate cause of death Arteriosclerotic Cardiovascular Disease DURATION 10 yrs.

Due to

Due to

Other conditions Carcinoma of Rt. Breast Syn.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William G. Lane, MD M. D. or otherAddress Queenstown Md. Date signed 11-1-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne
 City or town Barclay
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? ☒

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Barclay
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Louis Henry Everett

3. (b) Social Security Number

✓

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Sept. 20/1856

8. AGE:

Years 92 Months 1 Days 22 If less than one day
 hrs. min.

9. Birthplace

Templerville Md.
 (town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

✓

MOTHER FATHER

12. Name

Louis Everett

13. Birthplace

Maryland

14. Maiden name

Emmaline Burris

15. Birthplace

No Record

16. Informant

Louis H. Everett

Address

Sudlersville Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof 11/16/48
 (month) (day) (year)

Cemetery or crematory

Templerville

Location

Templerville Md.

18. Funeral director

R. B. Rawlings

Address

Greensboro Md.

19.

Nov 14 1948 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 12 1948 at 6:40 P.M.

2I. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 7 1948 to Nov 12 1948

and that I last saw him alive on Nov 7 1948

Immediate cause of death Sudden Cardiac Arrest DURATION

✓

Due to Chronic Myocarditis

Due to Smoking

Other conditions ✓

(Include pregnancy within 8 months of death)

Major findings of operations ✓ Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Dr. N. L. Wolfe M. D. or other

Address Prof. L. Wolfe Date signed 11/13/48

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11712

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Frederick
 City or town Gettysburg Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Gettysburg Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. #1
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Richard Freemy

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Martha Ellen Freemy

7. Birth date of deceased (mo., day, yr.) Aug 22, 1861
 6. (c) If alive, give age 87 years

8. AGE: Years 87 Months 3 Days 10 If less than one day
 hrs. min.

9. Birthplace Near Nango Md.
 (Town, county, and state)

10. Usual occupation Carriage11. Industry or business Retired12. Name John Freemy13. Birthplace Nango Md.14. Maiden name Mary Parsons15. Birthplace Waco, nr. Pittsville, Md.16. Informant Mrs. Virgil B. FreemyAddress Gettysburg Maryland17. Date thereof Nov. 4, 1948

(If burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Pittsville M.P.Location Pittsville Maryland18. Funeral director Holloway & Co. of S. SmithAddress Salisbury Maryland19. Nov. 2 - 48 Elic Cemetery

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 nd. 48 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 to Nov. 2 19 48and that I last saw him alive on Nov. 1 19 48

Immediate cause of death

Due to Arteriosclerosis of theDue to myocardium

Due to

Due to

Other conditions Similar

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE H. J. McPhersonAddress FrederickDate signed 11/2/48

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NOV 8 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

11713

30c

Reg. Dist. No. 251

1. PLACE OF DEATH
County... Montgomery
City or town... Millington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mo.
Hospital, institution, or street address where death occurred:
Roberts Nursing Home
How long in hospital or institution? 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Del. County... Sussex
City or town... Birdsboro, Del.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Fred Grant Hill

3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Millie K. Hill
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1898 6.(c) If alive, give age _____ years
8. AGE: Years 70 Months 4 Days _____ If less than one day _____ hrs. _____ min.
9. Birthplace Sussex, Del.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name Artemus D. Hill
13. Birthplace New York
14. Maiden name Edith Melson
15. Birthplace MD.

16. Informant Anna F. Hill
Address Good College, Phila.
17. Burial Date thereof 11/5/48
(Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory Birdsboro, Del.
Location J. Fickel & Son + Co
18. Funeral director Newton, Md.
Address Nov. 1, 1948
19. Nov. 1, 1948 Registrar Edgar L. Lane
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 19 48, at 9:50 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 48, to Oct 24 19 48
and that I last saw him alive on Oct 24 19 48

Immediate cause of death myocardial insufficiency
Due to arterio sclerosis
Due to _____
Other conditions coronary spinal lues.
(Include pregnancy within 3 months of death)

Major findings at operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, pub'c place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE H. H. Hamilton
Address Millington Md Date signed 11/1/48
M. D. or other _____

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NOV 4 1948
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

FILE No. G 118 DEC 14 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11714

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
City or town Centerville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Centerville Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____ X

3. (a) FULL NAME

Ethel C. Howell

3. (b) Social Security Number

None

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Leroy Howell
7. Birth date of deceased (mo., day, yr.) December 9, 1905
6. (c) If alive, give age 41 years
8. AGE: Years 42 ~~43~~ Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne Co.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business X
12. Name John Comeger
13. Birthplace Maryland
14. Maiden name Lolla Jester
15. Birthplace Maryland

16. Informant Leroy Howell
Address Centerville Md. Rural
17. Burial Date thereof 12/1/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro
Location Greensboro, Maryland.
18. Funeral director Raymond B. Rawlings
Address Greensboro, Maryland.

19. 12-1-48 Elise Armstrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1948 at 3:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, 10____, 19____
and that I last saw him _____ alive on Nov. 26 1948

Immediate cause of death _____ DURATION _____
Tubercular Peritonitis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other _____
Address Centerville Md Date signed 11/29/48

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RECEIVED

RECEIVED

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DEC 6 1948
BUREAU V. S.

Elaine Cunningham

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Annie James

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife: _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Do not know 1883

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Centerville, 2nd Co. Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name

William Thomas James

13. Birthplace

Virginia

14. Maiden name

Hartlett C. Cook

15. Birthplace

Thermansville, 2nd Co. Maryland

18. Informant

Samuel James

Address

Centerville, Maryland

17.

Burial

Date thereof

Nov 8-1948
(month) (day) (year)

Cemetery or crematory

Brownsville

Location

Centerville Maryland

18. Funeral director

Barton Bros

Address

Centerville Maryland

19.

Nov. 7-48

19

48Elie Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Queen Anne's

City or town

Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 5 1948 at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2 1948 to Nov 5 1948
and that I last saw him alive on Oct. 29 1948

Immediate cause of death

Paralysis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. J. W. Pherson

M. D. or other

Address

Centerville, Md.

Date signed

11/6/48

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NOV 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11716

253

1. PLACE OF DEATH:

County Queen Anne's
 City or town Chester (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? /

3. (a) FULL NAME

Joseph Melvin Major

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

-

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1948
 6. (c) If alive, give age 48 years

8. AGE:

Years - Months - Days 9 If less than one day hrs. min.

9. Birthplace

Chester, Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

Edward Major

13. Birthplace

Virginia

14. Maiden name

Gertrude Holden

15. Birthplace

Virginia

16. Informant

Edward Major

Address

Chester, Md.

17. Burial, cremation, or removal

Burial

Date thereof Nov. 17 - 48 (month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory Forest CityLocation CambridgeFuneral director Lenius H. BaynesAddress CambridgeDate rec'd by registrar Nov. 17 48Registrar Elizabeth FosterAddress StevensvilleDate signed 11/17/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Chester (Rural) (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov. 17 1948 at 6 a.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from November 8 1948 to Nov. 16 1948

and that I last saw him alive on November 16 1948

Immediate cause of death malformation of heart DURATION since birth

Due to pericardial birth

Due to meas. VIII

Other conditions Congenital debility

(Include pregnancy within 3 months of death)

Major findings of operations / Date of op. /

Autopsy results /

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of /

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury / Injured at work?

Signature Reverend Sattelmaier, M.D.

Address Stevensville

Date signed 11/17/48

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NOV 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11717

1. PLACE OF DEATH:

County Queen Anne
City or town Centerville Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:

How long in hospital or institution? ☒

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 613 High St.
(If rural, give LOCATION)
2. (a) If veteran, name war ☒

3. (a) FULL NAME

Rachel A. Powell

3. (b) Social Security Number

☒

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Robert
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16 1888

8. AGE: Years 60 Months 0 Days 25 If less than one day hrs. min.

9. Birthplace Talbot County Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business John H. Staten

12. Name John H. Staten

13. Birthplace Maryland

14. Maiden name Caroline Silberson

15. Birthplace Maryland

16. Informant Daniel Staten

Address 613 High St. Denton

17. Burial Date thereof 11/13/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Denton

Location Denton, Maryland

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 11-10- 48 Mar Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1948 at 945 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1948 to Nov 10 1948

and that I last saw her alive on Nov 10 1948

Immediate cause of death Cerebral Hemorrhage 1 day

Due to Cerebral Hemorrhage 1 day

Due to Cerebral Hemorrhage 1 day

Other conditions Cerebral Hemorrhage 1 day

(Include pregnancy within 3 months of death)

Major findings of operations Cerebral Hemorrhage 1 day

Autopsy results Cerebral Hemorrhage 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury no Injured at work?

23. SIGNATURE W. Henry Fisher

Address Centerville Md. M. D. or other 11/10/48

Date signed 11/10/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 16 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne
 City or town Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Benjamin Howard Seward

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWM6. (b) Name of husband or wife Florence Amelia Seward7. Birth date of deceased (mo., day, yr.) December 27, 1880

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
67 10 19 hrs. min.9. Birthplace Church Hill, Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Farmer12. Name Robert Seward13. Birthplace Ind.14. Maiden name Margaret Frank15. Birthplace New Castle, Del.16. Informant Mrs. Viola LordAddress Queenstown, Md.17. Burial Date thereof Nov 18-1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Church Hill Ind.Location Church Hill Ind.18. Funeral director Edgar K. KanelAddress Church Hill Ind.19. Nov. 18, 1948 H. M. Aldridge
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1948, at 1:25 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 1946 to November 1948
and that I last saw him alive on November 15, 1948

Immediate cause of death

DURATION

Arteriosclerotic Cardiovascular Disease 10 yrs.

Due to

Due to

Other conditions Chronic Bronchitis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Lane, MD

M. D. or other

Address Queenstown, Md. Date signed Nov 16-48

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NOV 23 1948

BUREAU V. S.

RECEIVED
NOV 23 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County..... Green Anne
 City or town..... Sudlersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Ind. County..... Green Anne
 City or town..... Sudlersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Samuel Olin Smith

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Effie Smith
 6. (c) If alive, give age..... 74 years
 7. Birth date of deceased (mo., day, yr.)..... March 6 - 1874
 8. AGE: Years..... 74 Months..... 8 Days..... 0 If less than one day..... hrs. min.

9. Birthplace..... Green Anne Co. Ind.
 (Town, county, and state)
 10. Usual occupation..... Retired farmer
 11. Industry or business.....
 12. Name..... Emory Smith
 13. Birthplace..... Ind.
 14. Maiden name..... Susan Patton
 15. Birthplace..... Ind.

16. Informant..... Mrs. Olin Smith
 Address..... Sudlersville Ind
 17. Burial..... Burial Date thereof..... Nov. 9 - 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory..... Sudlersville
 Location..... Sudlersville Ind
 18. Funeral director..... Edgar L. Kane
 Address..... Church Hill Ind
 19. Nov. 9 19 48 Edgar L. Kane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 6 19 48 at 4:10 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 19 48 to Nov 6 19 48
 and that I last saw him alive on Nov 6 19 48
 Immediate cause of death..... Coronary Thrombosis
 Due to..... Artery Sclerotic
 Due to..... Artery Sclerotic
 Other conditions.....

DURATION

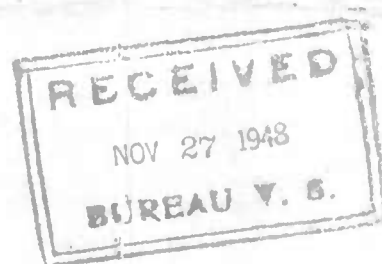
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... C. D. H. H. H. H. M. D. or other
 Address..... Edgemoor, Ind. Date signed..... 11/9/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County..... Queen Anne's
 City or town..... Rural Indianville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 yr
 Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Charles Taylor

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

April unknown 1886

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

62

hrs.

min.

9. Birthplace.....

Maryland
(Town, county, and state)

10. Usual occupation.....

Farm labor

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burial, cremation, or removal, where?)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

11-24

19

48Edgar A. Rane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

220-12-1465

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Nov 2319.....45 Oct 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I observed

Immediate cause of death.....

Coronary thrombosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Address.....

M. D. or other

Date signed.....

18881
29

8761

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11721 253

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Chester Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all his life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Rural Chester Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Charles W. Thompson

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Nora Lewis Thompson
 7. Birth date of deceased (mo., day, yr.) December 4-1869 6.(c) If alive, give age _____ years
 8. AGE: Years 78 Months 11 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Chesler Queen Anne's Co. Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Thomas Thompson

13. Birthplace Dorchester Co. Maryland

14. Maiden name Mollie Baxter

15. Birthplace Chester Maryland

16. Informant William Alfred Thomas

Address Chester Maryland

17. Burial Date thereof Nov 26-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville Maryland

18. Funeral director Barton Bros

Address Centerville, Maryland

19. Nov 25 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1948 at 11 P.M.

21. CERTIFY that death occurred on the date above stated; not attended deceased from June 15 48 (Nov. 23 48) and that I last saw him alive on November 23 1948

Immediate cause of death chronic bronchiectasis DURATION about 10 years

Due to

Due to Kyphosis and

Other conditions lordosis
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelbauer M.D.

Address Stevensville

Date signed 11/24/48

RECEIVED

NOV 27 1948

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11722 253

1. PLACE OF DEATH:

County Queen Anne'sCity or town Chester (Rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Chester (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. none
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles H. Watkins

3. (b) Social Security Number

213-12-53144. Sex male5. Color or race col.6. (a) Single, married, widowed, or divorced widowed

B. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

April 14 - 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

about 75 years

hrs.

min.

9. Birthplace

Chester, 246 Maryland

(Town, county, and state)

10. Usual occupation

Widow + Laborer

11. Industry or business

Oyster + Cannery

FATHER

12. Name

Wick Watkins

13. Birthplace

Queen Anne's, Maryland

MOTHER

14. Maiden name

Margaretta Brown

15. Birthplace

Queen Anne's Co. Maryland

18. Informant

Address

Estelle CasperChester Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov 10-48

(month) (day) (year)

Cemetery or crematory

Union Church

Location

Chester Maryland

18. Funeral director

Address

Trouton BrosCenterville Maryland19. Nov 10

(Date rec'd by registrar)

19. 48Elyzabeth Foster

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 9 1948 at 10 15 a M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 6, 1948 1948 to Nov. 9 1948

and that I last saw him alive on

November 8 1948

Immediate cause of death

DURATION

Cerebral hemorrhageNov. 6

Due to

Arterio-sclerosis1948

Due to

chronic alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Theodor Sattelmeier 4 D

M. D. or other

Address

StevensvilleDate signed 11/9/48

MARYLAND STATE DEPARTMENT OF HEALTH

1001 N. CALVERT STREET, BALTIMORE, MARYLAND

CERTIFICATE OF DEATH

A STATE OF MARYLAND DEPARTMENT OF HEALTH

Form No. 1 (Revised 1-1-48)

MEDICAL CERTIFICATE

RECEIVED

NOV 15 1948

BUREAU V. S.